

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551392

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1 -				
3		1 -				
4		1 -				
5		1 -				
6		1 -				
7		1 -				
8		1 -				
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33		3 -				
34		3 -				
35	1					
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44	1					
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47		1 -				
48		1 -				
49		1 -				
50		1 -				
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	47	←		←		←
TOTAL CLAIMS	54					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						